RILEY COUNTY-MANHATTAN HEALTH DEPARTMENT 2030 Tecumseh Road, Manhattan, KS 66502 (785) 776-4779, ext. 238

APPLICATION: MOBILE HOME PARK EVALUATION

Log #	
Date rec'd	
Client #	
Enc #	
Pd: ck # cr card	cash
\$100.00 fee	

Address:(Street)		(City)	(Zip Code)
Name of Owner:			
Mailing address of Owner:			
(Street)		(fty/State)	(Zip Code)
Number of Trailers on property:		(=j, = :)	(—r • • • • • • • • • • • • • • • • • • •
Water Supply Information (Circle "Yes" or "No"	where indicated)		
If public, provide name of system:			
If private, complete the following:			
1. Is a well (water supply) contained within th			
2. Date of construction: Perr			
3. Type of Well Pump (Circle one) Jet			
4. Is there a water softener in the system? Y			
5. Has the system been repaired? Yes		N	
6. Has any structure been treated to eliminate	ermites? Yes	No	
Wastewater Disposal Information (Circle "Yes"	r "No" where ind	icated)	
1. Type of system (Circle one) Setic			
2. Date of installation: Permi			
3. Number of Septic tanks on property:	Number of la	teral fields:	
4. Laundry wastewater is discharged to:			
5. Date <u>each</u> tank was last pumped:			(attach copies of pumping reports)
6. Have all units been continuously occupied?	Yes No If No	, indicate dates of last	occupancy
7. Has system ever been repaired/modified?	es No If Yes, in	ndicate date of repair/r	modification
PROPERTY (WNER'S CERT	IFICATION	
I (Print Name)	owner of the dwe	lling at the location d	escribed in this application
I, (<u>Print Name</u>) do request an inspection of said property and do satisfactorily and without malfunction at the presinformation provided on this application is true and	ent time or at the	time when last in u	ise. I also certify that all
SIGNATURE OF OWNER			DATE